



DSHS responds to
recommendations
from the

Select Committee on
**Adolescents
in Need of
Long Term
Placement**



Washington State
Department of Social
& Health Services

Children's Administration

FEBRUARY 2003

Message from DSHS Secretary Dennis Braddock

This report is the response from the Department of Social and Health Services to the findings and recommendations made by the Select Committee on Adolescents in Need of Long Term Placement. A work plan is attached.

I want to thank members of the Select Committee for the long hours they devoted to help improve our child welfare system. Their report provided a thoughtful and comprehensive plan for serving hard-to-place youth and their families.

I would like to particularly thank Justice Bobbe Bridge for her leadership, and to recognize Anne Levinson for guiding the work of the committee to such a successful result.

INTRODUCTION

The Select Committee on Adolescents in Need of Long Term Placement was initiated by Department of Social and Health Services (DSHS) Secretary Dennis Braddock in February 2002. Its charge was to make recommendations on how to more effectively serve a small population of adolescents whose needs are so complex that it has become extremely difficult – and in some cases impossible – to find local safe and stable homes for them.

State Supreme Court Justice Bobbe Bridge agreed to chair the committee and, with Secretary Braddock, develop its structure.

The select committee invited community leaders and advocates with expertise in the state's child welfare system along with DSHS administrators to examine policies, laws and practices – both internal to DSHS and those of community partners – to determine barriers to safely and effectively serving these youth in their own communities. The committee also studied innovative child welfare practices in Washington and across the country.

Youth who are hardest to find homes for usually have severe emotional, behavioral and mental health problems, including sexual aggressiveness.

Because the committee looked at a much larger population of adolescents than those identified by DSHS as the most difficult to place, the recommendations will benefit all youth and improve the child welfare system overall.

Interviewees said it was of greater value for DSHS to focus on improving the entire child welfare system as opposed to focusing on a small population of adolescents. Early assessment, individualized treatment and integrated delivery of services will help prevent children from becoming “hard to place.”

Committee Members

The committee was chaired by State Supreme Court Justice Bobbe Bridge, a long-time advocate for children and youth with a great deal of both judicial and community experience around these very issues. Anne Levinson, formerly the Presiding Judge of Seattle's Mental Health Court, served as Special Counsel to the Committee. Committee members represented a wide cross section of those involved in serving youth. They were:

Bobbi Bowers, Washington State certified sex offender treatment provider

Karl R. Brimner, DSHS Director of the Mental Health Division

Judge Patricia Clark, King County Superior Court

Fabienne Brooks, Criminal Investigations Division for the King County Sheriff, representing WASPC (Washington Association of Sheriffs and Police Chiefs)

Susan Craighead, Court of Appeals Commissioner

anita delight (sic), DSHS Regional Administrator for the Division of Developmental Disabilities

Robert Faltermeyer, Executive Director of Excelsior Youth Center

Bob Jones, Director of the King County Blended Funding Project, which blends funds from Education, Mental Health and Child Welfare to improve services and outcomes for difficult children.

Tom McBride, Executive Secretary, Washington Association of Prosecuting Attorneys

Royce Moe, Spokane County Superior Court Commissioner

Rosie Oreskovich, DSHS Assistant Secretary for the Children's Administration

Sharon Osborne, President and CEO, Children's Home Society of Washington

Thomas E. Rembiesa, Chief Executive Officer for Ruth Dykeman Children's Center

Bob Russell, Social and Health Services Manager for the Kalispel Tribe

Cheryl Stephani, DSHS Assistant Secretary for the Juvenile Rehabilitation Administration

Mary Stone-Smith, System Director for Integrated Family Services of Catholic Community Services Western Washington

Jim Theofelis, Executive Director of The Mockingbird Society

Jean Wessman, Policy Director for Human Services, Juvenile Justice, and Housing for the Washington State Association of Counties

Dr. Anne Nicoll, former Director of the Evaluation Center within the Northwest Institute for Children and Families at the University of Washington.

HIGHLIGHTS OF COMMITTEE ISSUES

Throughout interviews with parents, adolescents, attorneys, social workers, service providers and others, the committee heard a collective call for:

- Tailored services delivered to adolescents in their own communities;
- Decision making that includes adolescents themselves, foster parents, biological parents and others relevant to the case;
- Intensified searches for relatives who could be appropriate caregivers;
- Identifying strengths in troubled families instead of focusing on their shortcomings and weaknesses;
- The use of practices and therapies that have been proven effective through research, such as wrap-around services, Treatment Foster Care and Multisystemic Therapy, and
- Better collaboration across DSHS administrations and among community partners.

Parents said more respite care is needed. They want to feel they are part of a team working with DSHS and community professionals to help their children. They want training and support so they can deal with children's issues in their homes. They want better access to mental health services.

Parents also want prevention and early intervention services. They said that out-of-home placement is overused, noting that more in-home help would prevent this.

The committee noted that many of the findings and recommendations are not new and have been identified by others who have reviewed segments of the child welfare system.

DSHS SETS PRIORITIES

Child welfare recommendations put forth by the committee are well-founded and can make fundamental improvements in the lives of children.

Many of the recommendations are currently being addressed through major initiatives in place throughout DSHS.

In response to the recommendations from the Select Committee, DSHS will emphasize the following priorities:

- Use wrap-around services for hard-to-place adolescents.
- Have the Juvenile Rehabilitation Administration, the Children's Administration and the Mental Health Division develop a comprehensive therapeutic foster care model for youth served jointly by the three programs. This will build on the Multidimensional Treatment Foster Care pilot JRA will implement this spring.
- Improve policies and protocols to search for more relatives willing and able to care for family children.
- Incorporate mental health treatments that have proven to be successful.
- Develop performance-based contracts with our partners in order to analyze the effectiveness of treatment provided.

REFORMS IN PROGRESS

It's important to point out the significant projects currently underway to make improvements in Washington's child welfare system through the progressive "***Kids Come First Action Agenda.***" (<http://www.dshs.wa.gov/geninfo/kidsfirst.html>).

Additionally, the DSHS ***Integration Initiative*** is developing policies, funding approaches and organizational changes that help families and communities get appropriate and timely services before a situation becomes a crisis.

Kids Come First

Kidscreen is an intensive assessment of children in foster care that identifies physical, developmental, educational, social and mental health needs so that timely referrals can be made for treatment. Kidscreen also helps ensure children are placed appropriately.

For example, a Kidscreen assessment on a four-year-old child uncovered a vision problem that, if left untreated, would have quickly led to blindness.

Specifically, these assessments:

- Assist in providing appropriate services for children.
- Identify children who are likely to need long-term care or assistance.
- Assist in matching children with appropriate caregivers early in placement, and
- Assist in achieving timelier permanent placement for children.

Another ***Kids Come First*** goal is statewide accreditation of all DSHS child welfare offices. The Vancouver Division of Children and Family Services office already has met the rigorous, nationally recognized standards of social work required for accreditation.

Special emphasis has been placed on searching for relative caregivers. Each of the six regions across the state has one worker dedicated solely to finding relative caregivers for children who cannot safely remain in their homes.

Training on brain development, fetal alcohol syndrome, the workings of dependency courts, positive discipline, and other issues is available at the department's Foster Parent Web Site.

The Foster Parent Training Institute has trained more than 7,000 people through basic parenting classes and specialized workshops, including first aid and Cardio Pulmonary Resuscitation.

Integration Initiative

Although integration of services was the reason for creating DSHS many years ago from several smaller social service agencies, institutional and philosophical barriers have prevented some clients from receiving appropriate, timely and comprehensive services.

The Integration Initiative combines the resources and expertise of multiple DSHS programs and community partners to ensure that clients are served quickly, effectively and meaningfully.

For example, by integrating services, the department can bring together its drug and alcohol, financial assistance, and children's experts to work with parents from poor homes where substance abuse may put children at risk of abuse or neglect and out-of-home placement.

The initiative's "No Wrong Door" Web Site, at <http://www.dshs.wa.gov/basicneeds>, guides users to a variety of services and issues, such as abuse and neglect, adoption, cash support, drug and alcohol abuse, and medical care.

Intensified coordination of services will prevent some children from being removed from their homes in the first place.

DSHS also has produced a universal consent document allowing clients to authorize the exchange of confidential information. This will ensure that DSHS professionals and private providers have a full understanding of all the clients' needs so case managers can coordinate effective assistance.

OTHER DSHS EFFORTS UNDERWAY

The Juvenile Rehabilitation Administration and local Regional Support Networks are working together to ensure that mental health services are available when youth leave JRA institutions and transition back into their communities.

The Washington Institute of Mental Health Training and Research trains caseworkers on how to work with youth who have both substance abuse and mental health issues.

Clark and King counties have federal Substance Abuse and Mental Health Services Administration “system of care” grants. The funding is used to build partnerships and coordinate services for children in their own communities. Both programs are national models.

CHALLENGES

The Select Committee’s recommendations are targeted at preventing out-of-home placements by providing individualized services to adolescents in their own communities in partnership with parents, foster parents, relatives and others as appropriate.

Keeping children in their own homes and communities whenever possible is a worthy goal shared by DSHS. But difficulties do exist.

Providing a range of services tailored to meet the needs of one particular youth and his or her family can be costly. Many would argue – and legitimately so – that the high price tag of providing these direct services as prevention measures, or at the department’s earliest intervention with a family, could save hundreds of thousands of dollars in specialized or institutional care down the road.

Child welfare services provided by DSHS are mostly intervention based. The department relies on community social services to focus more on prevention.

However, the ***Integration Initiative*** will put more focus on how we can work better with our community partners and use our collective resources for prevention and early interventions.

A workgroup will soon study “Alternate Response Systems” in other states to learn how to forge stronger partnerships with community providers. Alternate Response Systems are community-based social service programs that assist families who are in conflict but are at low risk of abusing or neglecting their children.

Another challenge is finding appropriate placements for dependent adolescents with specialized treatment needs released from the DSHS Juvenile Rehabilitation Administration.

The recent introduction of a new integrated treatment model in residential and after-care programs for youth committed to the JRA focuses on building skills in youth and their families. The model uses highly effective cognitive behavioral approaches. Increasing youth competence and engaging families in treatment and support services will help provide a strong foundation for finding appropriate living arrangements and services when youth return to their homes.

NEXT STEPS

In response to the Select Committee's report, the department has invited committee members, other community professionals, parents, foster parents, and youth to participate in three workgroups.

- One group will work with Behavior Rehabilitation Service providers to develop agreements across regional boundaries to ensure placement resources for those youth who are the most difficult.
- A second group will work with the Washington Association of Family Based Treatment Services (WAFTS) to research existing treatment foster care models in other states as well as successful projects in this state. The goal is to develop a system-wide model for treatment foster care.
- The third group will study existing Alternate Response System models to look at the possibility of developing a dual track Child Protective Services investigation / assessment response for use in Washington.

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES WORK PLAN FOR
RESPONDING TO RECOMMENDATIONS FROM THE SELECT COMMITTEE ON
ADOLESCENTS IN NEED OF LONG TERM PLACEMENT**

| # | RECOMMENDATION | RESPONSE | TARGET DATE | NEW RESOURCE REQUIRED |
|---|--|--|--|-----------------------------|
| 1 | Eliminate assumptions and biases about hard-to-place youth and their families that lead to emphasis on facility care rather than service delivery. | <ol style="list-style-type: none"> 1. Emphasize “best practices” approach using “wrap-around” services in staff training curriculum. Benton and Franklin counties are creating a wrap-around program based on similar programs in Alaska, Wisconsin, and Illinois. A blended funding project in King County is providing wrap-around services in partnership with schools. 2. Develop performance measures to track youth as they move from facility-based care to therapeutic foster care to return home. | <ol style="list-style-type: none"> 1. On-going 2. Begin 7/1/03 First report 9/04 | No |
| 2 | Replicate, expand and sustain collaborative, community-based approaches that work well in regions of this state or in other states. | <ol style="list-style-type: none"> 1. Encourage CA regions to develop at least one innovative project based on current successful models. For example, FAST (Family Access to Stabilization Team) originated in Pierce and Kitsap counties and is now being implemented in Southwest Washington and in the Yakima area. | <ol style="list-style-type: none"> 1. ‘03-‘05 biennium | No |
| 3 | Use differential interventions with families from the first point of contact with families. | <ol style="list-style-type: none"> 1. Evaluate the possibility of importing the “Minnesota Model” or other similar Alternate Response System model. The Minnesota Model promotes safety through family engagement, effective use of resources, minimizes the confrontational experience with families, enhances cooperation, and strengthens the family’s ability to take care of itself. May require legislative action. | <ol style="list-style-type: none"> 1. ‘03-‘05 biennium | No (re-allocate) |

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| 4 | Use a screening tool that leads to immediate provision of integrated services and minimizes varied approaches from caseworker to caseworker. | <ol style="list-style-type: none"> 1. On-going CA staff training on the use, administration and interpretation of Kidscreen assessment tools, and on using Kidscreen results, to link children with necessary services. 2. Revise <i>Individual Service and Safety Plan</i> to document Kidscreen results and services to meet identified needs, in child's case plan. 3. Emphasize consideration of family and child strengths and competencies in Kidscreen staffing and case planning. 4. Review aggregate Kidscreen data on adolescents to evaluate potential to predict at-risk and protective factors. 5. Coordinate substance abuse screening, assessment, and referral for treatment where appropriate within comprehensive case screening. | <ol style="list-style-type: none"> 1. On-going 2. 3/31/03 3. On-going 4. 1/31/2004 5. On-going | No |
| 5 | Develop procedures to share assessments between dependency and juvenile offender systems that allows everyone involved with a child access to accurate information while maintaining confidentiality. | <ol style="list-style-type: none"> 1. Re-send all-staff memorandum from Deputy Secretary, emphasizing use of standard DSHS-wide client "confidentiality release" authorization forms. 2. Evaluate barriers and develop solutions to information-sharing between agencies, court and others pertinent to case planning. (Example: CA / OSPI workgroup) | <ol style="list-style-type: none"> 1. Immediately 2. On-going | No |
| 6 | Employ model of single case manager and service integration for children and families with complex needs and /or multiple system involvement. | <ol style="list-style-type: none"> 1. Develop cross-administration standing committee at DSHS headquarters level to review hard-to-place youth to ensure cooperative and coordinated case planning. 2. Replicate "shared children" / "complex-needs" committees, including community organizations and providers in each region to develop | <ol style="list-style-type: none"> 1. 1/1/2003 | No |

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| | | comprehensive case plan and determine appropriate lead case managers. These committees bring together all relevant partners-DSHS, other state and community agencies-to collaborate on services that meet the individualized needs of a child. | | |
| 7 | Aggressively and uniformly implement permanency strategies from the point of assessment as a basic practice. | 1. Revise CA policy to emphasize “relative search” at outset and throughout case planning. Develop “relative search” protocol in CA Practices and Procedures manual. Each region across the state now has one person dedicated to searching for relatives who are able and willing to care for a family member. | 1. 3/31/03 | No |
| 8 | Minimize the frequency of “crisis placement” by enhancing transition planning and targeting solutions for those transitions creating the most crises. | 1. Revise and update existing inter-agency agreement between JRA and CA. Include DDD in revised agreement. Agreement will emphasize on-going case planning and resource coordination across administrations, and will revise protocols for transition planning. 2. Evaluate feasibility of creating “bed pooling” capability among Behavioral Rehabilitation Service (BRS) contracted providers. | 1. 6/31/03 2. 6/30/03 | No |
| 9 | For youth with complex mental health or behavioral needs, use cognitive behavioral treatment and other research-based interventions shown to be effective in achieving positive outcomes. | 1. Consider including core competencies identified within evidence-based interventions, in the development of the next Regional Support Network contract. 2. Develop protocols for monitoring provider subcontracts for evidence-based practice. 3. Include training on evidence-based practice and core competencies in the Case Management Academy | 1. 3/31/2003 2. On-going 3. On-going | No |

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| | | curriculum. | | |
| 10 | Require providers who serve this population to have “24-7” crisis response capability. | 1. Revise provider contracts as appropriate to require crisis response capability. | 6/30/03 <i>or as contracts are renewed.</i> | No |
| 11 | Encourage courts to assume a leadership role in the overall dependency system and to adjust their processes to achieve permanency within the mandated State and Federal timelines. | 1. Refer to Chair of Superior Court Judges Assoc. Family and Juvenile Law Committee for response to recommendation. | | |
| 12 | Link families and foster homes with residential treatment providers in a hub-and-spokes approach, so that clinical staff and other service providers can continue working with youth transitioning from group care to home setting. | 1. Continue to evaluate outcome-based models along the lines described. Evaluate our ability to use this model within existing resources. | On-going | No |
| 13 | Encourage accreditation of service providers to help ensure use of best practices and provide greater accountability. | 1. Include providers in information and training opportunities conducted by the Children’s Administration throughout the current CA accreditation process. Eight CA field offices are currently undergoing the accreditation process. 2. Encourage unaccredited agencies to consult with accredited agency for peer information, mentoring and support. | On-going | No |
| 14 | Work with Legislature to revisit the legislation capping funding for services and support to | 1. The department will continue to represent the needs of the children on the Voluntary Placement Program (VPP) | On-going | Yes |

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| | those families with developmentally disabled youth in need of intensive services. | waiting list in future budget requests. The department will continue to seek opportunities to educate legislators and their staff about the value of the VPP in providing a comprehensive state system of foster care. | | |
| 15 | Develop capacity in each region for independent or assisted living supports for youth 18-21 years old, who are very low functioning in terms of their cognitive abilities, but are above the cut-off for receiving Developmental Disability services. | 1. DSHS staff in each region will collaborate with community service providers to identify needed independent and assisted living supports, and to address transition planning and skills development training prior to age 18. The youth will be referred to DSHS and community services for adults. | On-going | Yes |
| 16 | Improve collaboration across the management of DSHS administrations, between DSHS and providers, and among all child-serving agencies to provide more comprehensive and family-centered services. | <p>1. DSHS is moving toward an integrated model of service delivery with the No Wrong Door project. This model employs cross-system collaboration as the guiding principal of service provision within the department and in concert with community agencies. In the area of services to children and families there are currently two regional pilots providing cross-administrative case staffing and transition planning for youth. These projects are collaborations between the DSHS Juvenile Rehabilitation Administration and the Children's Administration to transition youth leaving JRA institutions and returning their communities. Youth eligible for these projects are in state care and on parole.</p> <p>2. DSHS is evaluating the matrix-management model for service provision operating in San</p> | On-going | No |

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| | | Mateo, California. | | |
| 17 | Tie funding for this population to achievement of proven and cost effective outcomes, community-based services and cross-system collaboration. | <ol style="list-style-type: none"> 1. DSHS Operations Review consultation report on BRS rates, outcome measures. 2. Gather information for calendar year 2002 to track outcomes on youth served by BRS programs. 3. Evaluate possibility of incentive and performance-based contracts. | <ol style="list-style-type: none"> 1. 12/31/02 2. 6/30/03 3. 6/30/03 | No |
| 18 | Develop DSHS information systems that provide information centered on the family or youth, in addition to the service or division (<i>cross-system information sharing</i>) | Continue working the Information Technology strategic plan objectives to establish a project to define requirements, scope, and project plan to develop a common DSHS-wide client screening tool and database. Assess capabilities for a common client identifier and cross-administration data access needs, security and confidentiality requirements. | 1 To Be Determined | |
| 19 | Adopt performance-based contracting approaches focused on outcomes for this population. | See # 17 above | | |
| 20 | Minimize turnover and maintain skilled workforce in DSHS by making caseload size consistent with national standards, with caseload size decreasing as level of complexity of clients increases. | <ol style="list-style-type: none"> 1. Requires legislative action. We will continue to advocate for caseload reduction. 2. Continue to track and evaluate reasons for staff turnover. 3. Evaluate staff satisfaction suggestions such as those developed by the "Pride and Passion" CQI project. The project includes exit interviews, focus groups, and literature reviews to pinpoint ways to retain social workers. | <ol style="list-style-type: none"> 1. On-going 2. On-going 3. On-going | Yes |

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| 21 A | Have DSHS licensing staff include customer service strategies as part of their role, in addition to their role in promoting safety. | <ol style="list-style-type: none"> 1. Implement key strategies of the Foster Care Improvement Plan: <ol style="list-style-type: none"> a) foster parent satisfaction survey; b) promote partnership between social workers, foster parents and other community providers; c) re-allocate regional foster home recruitment dollars to hire foster parent “associates” to recruit and support foster families through the initial licensing process; d) Evaluate capability to enhance support services for foster parents and kinship care providers; 2. Continue to use web-based training to make it more accessible and available to foster parents; 3. Monitor performance measure to increase the number of foster home licenses completed within 90-day time frame. | <ol style="list-style-type: none"> 1. 9/30/2003 2. On-going 3. On-going | No |
| 21 B | Create a liability fund to cover increased insurance costs and deductibles required by State statute, as a way to help parents and providers who are reluctant to take “hard to place” youth due to behaviors such as fire-setting which may result in property damage or lawsuits. | <ol style="list-style-type: none"> 1. Requires legislative action. | | Yes |
| 22 | Explore the benefits and costs of sexual offender notification laws and practices for 12-17-year-old youth. | <ol style="list-style-type: none"> 1. Review practices in other states related to juvenile sex offender community notification, education, and information-sharing. 2. Investigate procedures that may exist in other states that enhance | 1 – 4 On-going | No |

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| | | <p>community safety awareness while minimizing barriers related to reintegration of youth in the community.</p> <p>3. Discuss notification practices of other states with the Juvenile sub-committee of the End of Sentence Review Committee to identify any areas for further exploration.</p> <p>4. Continue to work collaboratively with local law enforcement on issues related to classification, recognizing that decisions regarding classification remains with law enforcement.</p> | | |
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